Date of Application:	
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Application for Certified Copy of Birth Certificate

Number of copies needed:	(\$23.00 each)	For Office	Use Only
A \$3.00 charge will be added if you cancel or alter your request after certificate has been printed.		Deputy State Cert. Cert. # File# Cash Check Chec	neck No
ı	nformation on Birth Co	ertificate	
1. Full Name of Person on	Record		
2. Date of Birth (Month/Da	y/Year)		
3. Sex:M	aleFemal	e	
4. Place of Birth:City or 1		County	State
5. Full Name of Father	ž.	1/	
6. Full Maiden Name of Mo	other		
Warning: THE PENALTY FOR KNOWI PRISON AND A FINE OF UP TO \$10,00			
· · · · · · · · · · · · · · · · · · ·		to the person named in	
	Purpose for ol	otaining this record:	
	Phone No. ()	
	Printed Name		
	Address		
	City	State	Zip
	X Signature of	Applicant	

NOTARIZED PROOF OF IDENTIFICATION

ENTER NAME, DATE AND PLACE OF BIRTH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON BIRTH

DATE OF BIRTH

PLACE OF BIRTH (City or County)	SEX
₹ ⁻	
FULL NAME OF PARENT 1	FULL NAME OF PARENT 2
- Art	
PART II. ENTER RELATIONSHIP TO PERSON ON RECOR	D AND THE TYPE OF ID USED.
NAME AND RELATIONSHIP TO PERSON ON RECORD	TYPE AND NUMBER OF ID ACCEPTED WHEN NOTARIZED
	-
AFFIDAVIT OF I	PERSONAL KNOWLEDGE
PART III. THIS SECTION MUST BE SIGNED IN THE PRES	ENCE OF A NOTARY PUBLIC.
STATE OF	
COUNTY OF	
Before me on this day appeared	(Name)
now residing at(Address)	
	(City) (Stafe) (ZIP)
who is related to the person named on Part I as	and who on oath deposes and (Relationship)
says that the contents of this affidavit are true and correct.	(Total and he)
Sig	gnature
Sworn to and subscribed before me, this day of	
	Signature of Notary Public
€:	
W .	
	Commission Expires
(Seal)	
,	Typed or Printed Name
	Street Address
	90
	City, State and Zip
WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON	THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALS

STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

MAIL THIS SWORN STATEMENT, APPLICATION, PAYMENT, AND A PHOTOCOPY OF YOUR VALID PHOTO ID TO:

Nickelle Gonzales
BEE COUNTY CLERK
105 W CORPUS CHRISTI ST ROOM 108
BEEVILLE, TEXAS 78102

(APPLICATIONS WITHOUT THE SWORN STATEMENT AND PHOTO ID WILL NOT BE PROCESSED)

PART I.

CERTIFICATE
FULL NAME OF PERSON ON RECORD